

Request for Waiver  
CC Docket No. 02-6

To: Federal Communications Commission  
From: Gloria Wynkoop, Director of Technology  
Somerset Independent School District  
Date: December 1, 2006

**Somerset ISD Contact Information**

Name: Gloria Wynkoop, Director of Technology  
Address: 19644 Somerset Road, Somerset, TX 78069  
Phone: (866) 852-9863 ext. 6141  
Fax: (866) 448-2740  
Email: [gwynkoop@sisdk12.net](mailto:gwynkoop@sisdk12.net)

**Appeal Information**

Funding Year: 2001  
Applicant Name: Somerset Independent School District  
Billed Entity Number: 141499  
Form 471 Application #: 233277  
FRN: 545303, 545208, 545349

**Summary**

Please find as attachments: a copy of the original appeal letter to the SLD, copies of Form 472 Billed Entity Reimbursement Forms submitted for the FRNs listed above, and copies of Form 472 Notification Letters denying payment.

Our district experienced a change in personnel responsible for the E-Rate application processing. The change resulted in the new employee being unfamiliar with the submission of critical documentation, in this case the Form 486. The employee filled out and completed the Form 486 on March 1, 2002. It was in this process that he failed to correctly show the service start date as being July 1, 2001. The ministerial error occurred when he put the date of March 1, 2002. He used the same date for the postmark date as well as the service start date. It is clear that he did not understand how to complete the form and inadvertently submitted documentation affecting the FRNs listed above.

Our district successfully requested an invoice extension request for FRNs during this funding year. We have since submitted Form 472 BEAR forms for services received during the March 1, 2002 – June 30, 2002 dates. However, due to this clerical error, we are being denied payment for services received during the July 1, 2001 – February 28, 2002 period. It is clear in the Form 471 that services were planned for a July 1, 2001 service start date. Services for all three FRNs were received following Schools and Libraries guidelines. The previous employee handling E-Rate submitted all pertinent applications successfully. FRN 545303 is for Internal Connections. FRNs 545208 and 545349 are for Telecommunications services.

We are requesting a waiver of 15 days to help us correct this clerical error. The Alaska Gateway Order gave us hope that we could also have a waiver approved to enable our district to correct the error thus taking full advantage of the approved funding. I would like the 120-day rule not to be used since he was not indicating a service start date, rather entering the date he was filling it out. We are requesting that the service start date be reflective of what was entered on Block 5 of the Form 471.

No. of Copies rec'd 0  
List ABOVE

Our district's situation is similar to many of the examples cited on the Alaska Gateway Order.

*Note 22: Eldora claimed that it inadvertently failed to comply with program rules because of Eldora's small staff and the complexity of the E-Rate program.*

Our district was clearly in the same situation. Our district has ONE person responsible for all E-Rate documentation and submission. The individual responsible at the time did not know all the requirements thus resulting in the error. We are a small school district with various additional responsibilities assigned to the individual responsible for E-Rate.

*Note 27: Because we waive the FCC Form 486 deadline, applicants should receive funding from their actual service start date. We also direct USAC to waive any of its subsequent deadlines if related to the late-filed FCC Form 486...*

Good cause exists for our district. No attempt was made to circumvent the required documentation, rather the error was ministerial in nature.

*Note 34: The service start date can be determined from Block 5 of the applicant's FCC Form 471.*

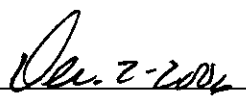
We are asking that this decision be applied in our situation since the Form 471 for our application reflects a service start date of July 1, 2001.

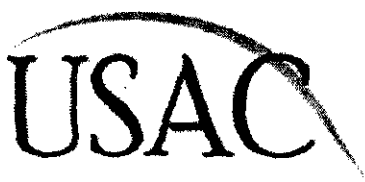
This program has been greatly beneficial to our district. Funding from this program has enabled our district to provide the needed services and resources that otherwise would not have been possible. Our district has a large population of low-income household with 87% - 90% of our students eligible for Free and Reduced Lunch.

We would appreciate your consideration of our request for a waiver.

Thank you,

  
\_\_\_\_\_  
Mary Ellen Morin  
Superintendent  
Somerset ISD  
866-852-9858 ext. 6004  
Email: [mary.morin@sisdk12.net](mailto:mary.morin@sisdk12.net)

  
\_\_\_\_\_  
December 2, 2006



**Universal Service Administrative Company**  
Schools & Libraries Division

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**Administrator's Decision on Appeal – Funding Year 2001-2002**

October 10, 2006

Mary Ellen Morin  
Somerset Independent School District  
19644 Somerset Road  
P.O. Box 279  
Somerset, TX 78069

Re: Applicant Name:	SOMERSET INDEP SCHOOL DISTRICT
Billed Entity Number:	141499
Form 471 Application Number	233277
Funding Request Number(s):	545303
Decision Letter Date:	May 29, 2002
Date Appeal Postmarked:	May 24, 2006
Your Correspondence Dated:	May 24, 2006

Our records show that your appeal was postmarked more than 60 days after the date your Form 486 Notification Letter was issued, as shown above. Federal Communications Commission (FCC) rules require applicants to postmark appeals within 60 days of the date on the decision letter being appealed. FCC rules do not permit the Universal Service Administrative Company (USAC) to consider your appeal.

If you believe there is a basis for further examination of your application, you may file an appeal with the FCC. You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be POSTMARKED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division  
Universal Service Administrative Company

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100 South Jefferson Road, P.O. Box 902, Whippany, New Jersey 07981  
Visit us online at: [www.usac.org/sl/](http://www.usac.org/sl/)

Mary Ellen Morin  
Somerset Independent School District  
19644 Somerset Road  
P.O. Box 279  
Somerset, TX 78069



Schools and Libraries Division  
Correspondence Unit  
100 South Jefferson Road  
P.O. Box 902  
Whippany, New Jersey 07981

**TIME SENSITIVE MATERIAL**

00121  
SOMERSET INDEP SCHOOL DISTRICT  
GLORIA WYNKOOP  
PO BOX 279  
SOMERSET, TX 78069





**Universal Service Administrative Company**  
Schools & Libraries Division

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**Form 472 (BEAR Form) Notification Letter**

June 09, 2006

Altex Electronics, LTD  
Abel Carrasco  
11342 IH35 North  
San Antonio, TX 78233

Re: Form 472 Invoice Number: 655036  
Service Provider Identification Number: 143012710  
Applicant Form 472 Identifier: YR4INTCON  
Billed Entity Number: 141499

SOMERSET INDEP SCHOOL DISTRICT  
GLORIA WYNKOOP  
PO BOX 279  
SOMERSET, TX 78069

Preferred Mode of Contact: Phone at (210) 622-9165  
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) issue a credit to the applicant. The decision as to which form the reimbursement should take should be a mutual one between the service provider and the applicant.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following page(s) will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

PLEASE NOTE: Beginning with Funding Year 2000 (07/01/2000 - 06/30/2001), if the first payment request processed for an FRN is on a Form 472, all subsequent payment requests for that FRN must be made on a Form 472; a Form 474 (Service Provider Invoice Form) for that FRN will not be accepted.

**EXPLANATION OF INFORMATION PROVIDED IN THIS FORM 472 (BEAR FORM) NOTIFICATION LETTER**

To help understand the Form 472 Notification Letter Applicant Reimbursement Synopsis the following definitions are provided.

**Funding Request Number (FRN):** A Funding Request Number is assigned by the SLD to each Block 5 of a Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

**471 Application Number:** A unique identifier assigned to a Form 471 by the SLD, from page 1 of the Form 471.

**Funding Year:** The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

**Contract Number:** The contract or agreement number as identified in Block 5, Item 15 of the Form 471.

**Funding Commitment Decision:** This represents the TOTAL amount of funding that the SLD has reserved to reimburse the cost of the discounts for this service for the specified funding year.

**Reimbursement Amount for this FRN:** This is the amount of reimbursement to the applicant that has been approved for this FRN on this Form 472.

**Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT):** This is the reason(s) that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division  
Universal Service Administrative Company  
CC: SOMERSET INDEP SCHOOL DISTRICT

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 545303  
471 Application Number: 233277  
Funding Year : 07/01/2001 - 06/30/2002  
Contract Number: SISD-CISCOACAD  
Funding Commitment Decision: \$128409.30  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
Customer Billed Date before Service Start Dat;

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**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: **SLC-BEAR Form**  
 Street, Apt. No., or PO Box No. **3833 Greenway Drive**  
 City, State, ZIP+4 **Lawrence, KS 66046**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>LEARNER GOVT SOLUTIONS MAIL AGENT</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) <b>JUN 02 2006</b> Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>SLC-BEAR Form</b>  <b>3833 Greenway Drive</b>  <b>Lawrence, KS 66046</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p><b>7004 1160 0003 1206 2928</b></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

## Universal Service for Schools and Libraries

Estimated Average Burden Hours Per Response: 1.5 hours  
(To be completed by schools, libraries, or consortia.)

Please read instructions before completing.

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 89.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

#### BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Applicant Name (30 characters maximum)	Somerset Indep School District
2. 471 Billed Entity Applicant Number (10 digits maximum)	141499
3. Service Provider Identification Number (SPIN) (9 digits maximum)	143012710
4. Contact Name (30 characters maximum)	Gloria Wynkoop
5. Contact Telephone Number (14 digits maximum)	866-852-9858
6. Reimbursement Form Number (assigned by Billed Entity Applicant--25 characters maximum)	YR4INTCON
7. Reimbursement Form Date to SLC (mm/dd/yyyy)	05/23/2006
8. Total Reimbursement Amount (total of Block 2, Item 15 -- 14.2 digits maximum)	\$42,005.59

## Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name Somerset Indep School District 471 Billed Entity Applicant Number 141499 Contact Name Gloria Wynkoop

Contact Telephone Number 866-852-9858 Reimbursement Form Number YR4INTCON

### BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9) FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter)	(10) Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter)	(11) Bill Frequency	(12) Customer Billed Date (mm/yyyy)	(13) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(14) Total (Undiscounted) Amount for Service (14.2 digits max.)	(15) Discount Amount Billed to SLC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	233277	545303		08/2001		\$46,672.88	\$42,005.59
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$42,005.59

# BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Somerset Indep School District

471 Billed Entity Applicant Number 141499

Contact Person Name Gloria Wynkoop

Contact Telephone Number 866-852-9858

Reimbursement Form Number YR4INTCON

## Block 3: Billed Entity Applicant Certification

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)

17. Date (required)

18. Printed name of authorized person (required)

Mary Ellen Morin

19. Title or position of authorized person (required)

Superintendent

20. Telephone number of authorized person (required)

866-852-9858

21. Address of authorized person (required)

19644 Somerset Road, , Somerset, TX 78069

<b>BILLED ENTITY APPLICANT Reimbursement Form</b>	
471 Billed Entity Applicant Name <u>Somerset Indep School District</u>	
471 Billed Entity Applicant Number <u>141498</u>	
Contact Person Name <u>Diana Winters</u>	
Contact Telephone Number <u>856-892-3838</u>	
Reimbursement Form Number <u>YR4ENTCON</u>	
<b>Block A: Service Provider Acknowledgment</b>	
I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge information and belief as follows:	
A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form. In no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.	
B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.	
22. Signature of authorized person (copy or original signature)	23. Date (required) <u>5-19-10</u>
24. Printed name of authorized person (required) <u>Abel Carrasco</u>	25. Title or position of authorized person (required) <u>Sales Manager</u>
26. Telephone number of authorized person (required) <u>210 637 3249</u>	
27. Address of authorized person (required) <u>11342 I.H. 35 North San Antonio, TX 78233</u>	
Page 3 of 4 pages FCC Form 472 - October 1998	

A paper copy of this Form (pages 1-4) should be mailed to:

SLO-TECH Form  
P.O. Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLO-TECH Form  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, KS 66044

**Send Confirmation (Event Succeeded)**

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**Date:** 5/24/2006**Pages:** 13**Recipient:** Sandoval, Fidencio**Fax Number:** 92106373264,,4009**pe:** Fax**Status Code:** Complete**Time:** 1:41 PM**Duration:** 24 min 0 sec**Company:** Altex**Subject:** Reimbursement for IC Request**Status:** Completed

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P.O. Box 279  
Somerset, Texas 78069  
Voice: 866-852-9862 ext. 6141  
Fax: 866-448-2740  
gloria.wynkoop@somerset.k12.tx.us

## Fax Cover Sheet

Date: May 24, 2006

Number of Pages: 13

**Sent To:** Name: Fidencio Sandoval

Company: Altex

Phone Number:

FAX Number: 210-637-3264

**Sent By:** Name: Gloria Wynkoop, Technology Administrator

Phone Number: 866-852-9862, ext. 6141 fax: 866-448-2740

### Description

Find attached E-Rate Form 472 – BEAR Form for Somerset ISD. This is being submitted to request a reimbursement of Internal Connections for FRN 545303 extended through 09/2006 for a project invoiced on 08/01. Please sign where appropriate and return only Page 4 to Somerset ISD. Fax: 866-448-2740. Thank you, Gloria Wynkoop, Technology Administrator.

# BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Somerset Indep School District

471 Billed Entity Applicant Number 141499

Contact Person Name Gloria Wynkoop

Contact Telephone Number 866-852-9858

Reimbursement Form Number YR4INTCON

## Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date (required)

24. Printed name of authorized person (required)

25. Title or position of authorized person (required)

26. Telephone number of authorized person (required)

27. Address of authorized person (required)

Page 4 of 4 pages

FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should be mailed to:

SLC-BEAR Form  
P. O. Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, KS 66046



# SOMERSET INDEPENDENT SCHOOL DISTRICT

P.O. BOX 279 • 19644 SOMERSET ROAD  
SOMERSET, TEXAS 78069  
(210) 622-3462 • FAX (830) 701-4302

PURCHASE  
ORDER

No. 7001

INVOICE IN DUPLICATE TO ABOVE ADDRESS ONLY.

V  
E  
N  
D  
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R

**Altex Electronics ATTN: Gary Moore**  
**11342 IH-35 North**  
**San Antonio, Texas 78233-5792**

S  
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**Somerset ISD attn: L. Miller**  
**7650 S. Loop 1604 W 210-622-9165**  
**Somerset, Texas 78069**

PUR. ORDER DATE  
VENDOR NUMBER

in duplicate to the attention of the  
TX 78069.  
epaid and

000

related to

45,615.92 +

oval.

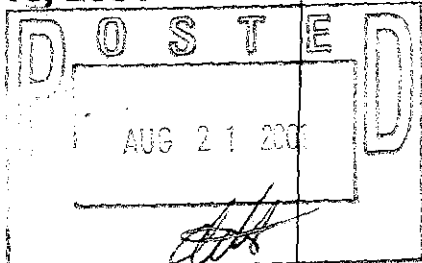
55.96 +

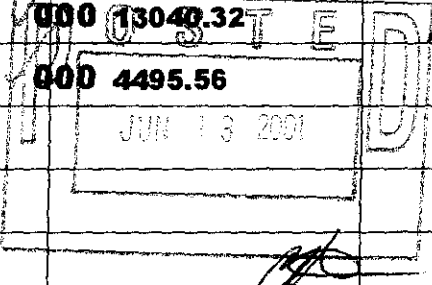
s, state and

45,672.88 \*

from date

signed, unless otherwise noted

ITEM NO.	QUANTITY	COMPLETE DESCRIPTION AND PART OR CATALOG NUMBER	UNIT PRICE	TOTAL AMOUNT
1		<b>Network installation and configuration - Cisco Network Acad</b>	<b>46672.8</b>	<b>\$46,672.88</b>
		<b>Installation of required infrastructure for Cisco Network</b>		<b>\$0.00</b>
		<b>Academy - Somerset High School</b>		<b>\$0.00</b>
		<b>As per contract SISD-CISCO ACAD, January 16, 2001</b>		
		<b>See Attached Contract Copy</b>		
<div style="text-align: center;">  </div>				
FINAL TOTAL THIS P.O.				<b>46,672.88</b>
PROGRAM MANAGER / PRINCIPAL		INITIAL	DEPARTMENT APPROVAL	FINAL APPROVAL
<i>[Signature]</i>			<i>[Signature]</i>	<i>[Signature]</i>
DATE		DATE	DATE	DATE

ITEM NO.	FUND	FUNCTION	CLASS / OBJECT	SUB. OBJ.	ORGANIZATION	YEAR / PROGRAM	ENCUMBERED AMOUNT	INVOICE NUMBER	DISTRIBUTION AMOUNT
165	53	6219	00	999	1-99	000	29136.00	139469	29136.00
165	53	6219	08	999	1-99	000	13040.32	139469	13040.32
165	53	6395	08	999	1-99	000	4495.56	139539	4495.56
<div style="text-align: center;">  </div>									
HOLD FOR PAYMENT		DATE		PAYMENT APPROVED		DATE		CHECK NO.	ENCUMBERED

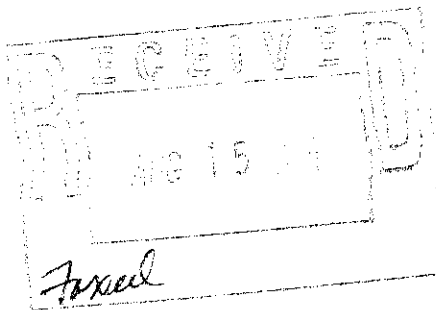
8-21-01

Cust. # -

22749

To: **SOMERSET ISD**  
P.O. BOX 279

SOMERSET TX 78069



22749

Ship To **SOMERSET ISD**  
P.O. BOX 279

SOMERSET TX 78069

Doc./Invoice Number **139469** RP Invoice Date 08/08/01  
Order Number 89004 SO Order Date 06/29/01  
POS Number 89004SO

Business Unit 3030  
Requested 06/29/01  
Ordered By: LAVONDA  
Reference 7041

Freight Handling Code Freight Pre-pay and Add  
Freight Method: Blank - Route Code 42/RT  
Carrier:

Line #	Description	Item Number	Ship/Back/Cancel	Price	Extended Price
1.00	CORE BUILDER 4 PT. GIG. MODULE	3CB9LG4	1	2,132.0000	2,132.00
2.00	MOD NETWORK FRAME 19"X78" 45RU	MNF1978DU	1	132.6200	132.62
3.00	NETWORK FRAME 2X4	WCF192120SLMN	1	340.0000	340.00
4.00	2200 NET RACKMOUNT 8 OUTLETS	SMART2200RM	3	1,020.0000	3,060.00
5.00	4007 LAYER 3 GIG STARTER KIT	3C16811-US	1	15,318.0000	15,318.00
6.00	PART, TRENCHING, LABOR ON FIBE	INSTALL LABOR	1	8,898.4800	8,898.48
7.00	12 PORT RACK MOUNT FIBER BOX	5R130-00N	2	.0100	.02
8.00	SC 6 PACKS FOR FIBER TRAYS	5F100-3SC	2	.0100	.02
9.00	SC MULTIMODE CONNECTOR	D3-002-3	15	.0100	.15
10.00	FIBER BOXES, CONNECTORS, PATCH	MISC	1	997.6000	997.60
11.00	PANDUIT CAT 5 MOD JACK	CJ588RD	60	3.9900	239.40
12.00	10 POS. DUAL GANG FACE PLATE	CFPE10IW2G	12	6.0000	72.00
13.00	PANDUIT BLANKS FOR PLATES	CMBIW-X	200	.3000	60.00
14.00	PANDUIT HORIZ. WIRE MGR.	WMPFS	1	35.0000	35.00
15.00	WIRE MANAGER	WMPFSN	3	35.0000	105.00
17.00	PANDUIT BLANK 24 PORT PANEL	CPP24WBL	1	22.0000	22.00
18.00	24 PORT PATCH PANEL	CPP24WBLN	2	22.0000	44.00
19.00	4 PR LEV 5 UNSHIELD PLENUM	VDC5-4P	4000	.1800	720.00
20.00	SUPER STACK 3 3300 SM SWITCH	3C16987A-US	2	589.6400	1,179.28
21.00	SUPER STACK 3 SWITCH 3300 12 P	3C16981A-US	1	1,048.0000	1,048.00
22.00	SUPER STACK 2 1000B SX MODULE	3C16975	3	710.0000	2,130.00
23.00	3COM MATRIX CASCADE CABLE 1100	3C16965	2	111.0000	222.00
24.00	EXPRESS 24/7 SERVICE AGREEMENT	3CS-EX7N-23E	1	2,093.0000	2,093.00
25.00	NETWORK SUPPORT	INSTALL LABOR	100	45.0000	4,500.00
26.00	LABOR FOR INTERGRATION AND CAT	INSTALL LABOR	1	2,128.5500	2,128.55
27.00	7 1/2" 50LB NATURAL 100/BAG	11109	5	1.8500	9.25
28.00	BLACK 3/4"X60"TEMFLEX VINYL PL	1700	2	.6600	1.32
29.00	POLY LINE ABS 210LBS.6500FT.	21481	1	28.5100	28.51
30.00	STRAIGHT LADDER RACK 6"X12"	LRO612A	2	42.9300	85.86
32.00	LADDER RACK J-BOLT KIT	JBK01	8	2.8200	22.56
33.00	CAT 5 GRAY CABLE W/O BOOT 7'	73-6670-7	30	.9900	29.70
34.00	CAT 5 GRAY CABLE W/O BOOT 14'	73-6670-15	30	2.6300	78.90
36.00	CABLE RACEWAY 2PCS	CRD067806AN	6	125.0000	750.00
38.00	100 BASE SX MODULE	3CGBIC91	6	.0100	.06
39.00	SC TO MTRJ MULTIMODE JMPR	0-1278028-1	2	.0100	.02
0	MOD NETWORK FRAME 19"X78" 45RU	MNF1978DM	1	132.6200	132.62

Due Date 09/07/01

Subtotal: 46,615.92

Payment Terms Net 30 Terms  
Payment Method ON ACCOUNT  
Order Taken By CM  
Salesman GARY MOORE

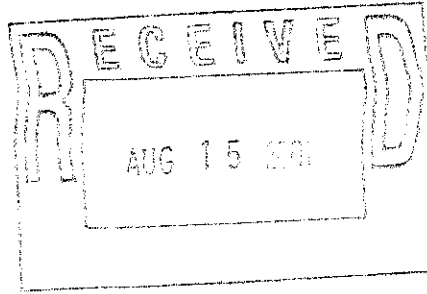
Tax Rate 0.000

Sales Tax:

Please remit to: Altex Electronics, Ltd. • 11342 IH 35 North • San Antonio, Texas 78233 • 210-637-3228

Cust. # -  
22749To: SOMERSET ISD  
P.O. BOX 279

SOMERSET TX 78069

22749  
Ship To SOMERSET ISD  
P.O. BOX 279

SOMERSET TX 78069

Doc./Invoice Number	139539	RP	Invoice Date	08/08/01	Business Unit	3030	Freight Handling Code	Freight Pre-pay and Add
Order Number	89004	SO	Order Date	06/29/01	Requested	06/29/01	Freight Method	Blank - Route Code 42/RT
POS Number	89004SO				Ordered By	LAVONDA	Carrier	
					Reference	7041		

Line #	Description	Item Number	Ship/Back/Cancel	Price	Extended Price
31.00	LADDER RACK WALL AGL SUPP KIT	WAS0612A	4	14,2400	56.96

Payment Terms	Net 30 Terms	Due Date	09/07/01	Subtotal :	56.96
Payment Method	ON ACCOUNT				
Order Taken By	CM	Tax Rate	0.000	Sales Tax :	
Salesman	GARY MOORE			Total Sales Order :	56.96
ed-up By	LAVONDA MILLER				

*Lavonda C. Miller*

P A I D AUG 22 2001

Somerset Independent School District  
P.O. Box 279  
Somerset, Texas 78069  
Tel: 210-622-3462 Fax: 210-622-3464

Request for Proposal  
Cisco Network Academy  
Due Date: 12-11-2000, 2:00 PM

## Somerset ISD - Itemized Desired Products Listing

**This sheet should be completed and returned with contractor's price quote.**

Item #	Description	Qty.	Unit Price	Extend Price
<b>DISTRICT CENTRAL COMMUNICATIONS ROOM:</b>				
	3COM CoreBuilder 4 Port Gigabit Module	1	2,132.00	2,132.00
	Floor Mount Rack	1	132.62	132.62
	2.25 KVA UPS	2	1,020.00	2,040.00
<b>SOMERSET HIGH SCHOOL CENTRAL COMMUNICATIONS ROOM:</b>				
	3COM 4007 Layer 3 Gigabit Aggregator	1	15,278	15,278.00
	2.25 KVA UPS	1	1,020.00	1,020.00
<b>PROPOSED CISCO NETWORKING LAB:</b>				
	Extend 3 pair Fiber Optic Cable from HS Vocational Building to Cisco Networking Lab and 3 pair Fiber Optic Cable from HS Vocational Building to OCS Building (Underground in 2" rigid conduit through underground fiber pull box)	1	8,898.48	8,898.48
*	Installation of Cat. 5 Drops including: patch panels, patch cords, terminations and testing	55	96.99	5,334.45
	3COM 24-port Super Stack 3 Switch w/Gigabit Ethernet Uplink and Matrix Cable	2	1,156.00	2,312.00
	3COM 12-port Super Stack 3 Switch 3300 w/Gigabit Ethernet Uplink	1	1,758.00	1,758.00
	Fiber Optic Cabinets and Patch Cords	2	498.80	997.60
	Wall Mount Racks	1	340.00	340.00
	Floor Mount Racks	1	132.62	132.62
	Full Installation as specified in RFP	1	0	0
	3COM Express Service Maintenance Agreement for switching equipment provided in this RFP.	1	2,093.00	2,093.00
	Extended Hours - Network Support	100	45.00	4,500.00
	Any additional installation costs or supplies as needed to meet specifications of RFP (provide itemized list)	1	2,128.86	2,128.86
<b>TOTAL OF REQUESTED ITEMS AND SERVICES:</b>				<b>\$49,097.63</b>

Adjustment: Cost of original drop count \* - 5334.45  
\* Reduce drop count to 30 @ \$96.99 + 2909.70  
46,672.88

**STATE OF TEXAS  
COUNTY OF BEXAR**

**Somerset Independent School District  
CONTRACT #: SISD-CISCO ACAD**

**Contract between:  
Somerset Independent School District  
P.O. Box 279  
Somerset, Texas 78069**

**And**

**Altex Electronics, Ltd.  
11342 IH 35 North  
San Antonio, Texas 78023**

1. **Project Description: Somerset ISD Cisco Academy Project.** This contract (hereinafter referred to as "The Agreement") is being entered into between **Somerset Independent School District ("Somerset ISD")** and **Altex Electronics, Ltd.** for the sole purpose of the purchase and installation of the network infrastructure and electronics as described in the **Somerset Independent School District "Cisco Network Academy Request for Proposal"**, December 11, 2000, a copy of which is attached to this agreement as "Addendum B." The desired infrastructure and network connectivity devices should meet specifications as described in the SISD "Cisco Network Academy Request for Proposal", December 11, 2000, (Addendum B). The necessary equipment, labor and/or services required for the installation and configuration of the project are listed on "Somerset ISD - Desired Equipment and/or Services," attached to this contract as "Addendum C".

2. **Term for the Installation:** This contract for the installation of the network infrastructure and connectivity devices shall be completed over a period of multiple years, in annual period terms with the first annual period term beginning on July 1, 2001 and terminating on June 30, 2002. The dates of this contract can be terminated or extended at anytime based upon written mutual consent of both **Somerset ISD** and **Altex Electronics, Ltd.** The execution of a contract extension shall be conditioned upon the following terms and conditions:

A. Receipt by **Somerset ISD** of an E-Rate discount from the Schools and Libraries Corporation, 100 South Jefferson Road, Whippany, New Jersey 07891-1009 as described in the Telecommunications Act of 1996, by the United States Congress.

B. The availability of required funds budgeted at the discretion of the Board of Trustees of the **Somerset Independent School District**.

C. Any combination of A and B listed above, at the discretion of **Somerset ISD**.

**D. AVAILABILITY OF FUNDS FOR SUBSEQUENT FISCAL PERIODS.**

Funds are not presently budgeted for performance under this Agreement beyond the end of the current fiscal year. **Somerset ISD** shall have no liability for payment of any money for the performance under this Agreement for subsequent fiscal periods after the end of any fiscal year unless such funds are designated for this purpose, are available and budgeted. Both parties shall sign the "Non-Appropriation of Funds Addendum". This Addendum is attached to this agreement as "Addendum A".

3. **Notice:** All notices shall be in writing and may be delivered by mail, fax or courier.

4. **Damage Liability:** Altex Electronics, Ltd. is liable and responsible for any damage to the premises caused by vendor personnel or equipment during installation and is responsible for the removal of all project related debris.

5. **Severability/Waiver:** If any Agreement provision is held invalid or unenforceable, the provision will be severed to the extent of such invalidity, or unenforceability, and shall not affect or impair the remaining provisions hereof. No waiver of any agreement right shall be effective unless made in writing signed by an authorized representative of the waiving party.

6. **Modifications:** Except as may be expressly provided for in the Agreement, the Agreement may not be modified except in writing signed by authorized representatives of each party.

7. **The Agreement:** The agreement is the entire agreement and understanding between the parties as to its subject matter. The agreement supersedes all other prior and contemporaneous agreements and statements on these subjects

8. **Right to Cancel:** Notwithstanding anything to the contrary in this Agreement, **Somerset ISD** shall have the right to cancel this contract between **Somerset ISD** and **Altex Electronics, Ltd.** for the installations of network infrastructure and connectivity devices in the event Somerset ISD is not granted an appropriation of funds for the purchase of equipment and services for the sole purpose of the completion of the purchase and installation of the designated network infrastructure and connectivity devices. In addition, either party may terminate the Agreement upon written notice for the substantial breach by the other party of any material term if such breach is not cured within the 30 days following receipt of written notice of breach from the non-breaching party.

9. **Choice of Law:** This agreement shall in all respects be governed by, and construed in accordance with the substantive laws of the State of Texas.

Addendum A  
Somerset Independent School District  
P.O. Box 279  
Somerset, Texas 78069

Installation of Network Infrastructure and Connectivity Devices - Cisco Network Academy  
Proposal

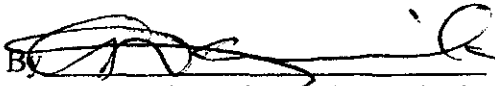
Somerset Independent School District


NON-APPROPRIATION OF FUNDS ADDENDUM

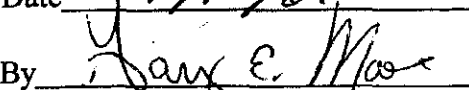
Addendum to the contract between **Somerset Independent School District** and **Altex Electronics, Ltd.** for the sole purpose of installation of network infrastructure and connectivity devices as specified by SISD expressly for the Cisco Network Academy Proposal.

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Notwithstanding anything in the Agreement to the contrary, in the event **Somerset Independent School District** is not granted an appropriation of funds for the purchase of equipment and service for the sole purpose being the completion of the Somerset Independent School District Cisco Network Academy Proposal, **Somerset Independent School District** shall have the right to cancel the contract extension between **Somerset Independent School District** and **Altex Electronics, Ltd.** as defined in the contract signed on January 16<sup>th</sup>, 2001 between **Somerset Independent School District** and **Altex Electronics, Ltd.**

By   
Somerset Independent School District  
Date Jan 19, 2001

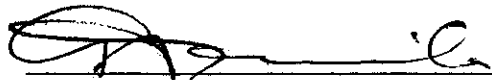
By   
Somerset Independent School District  
Date 1/17/01

By   
Altex Electronics, Ltd.  
Date 1-26-01

Signed this 16th day of January, 2001.

By:

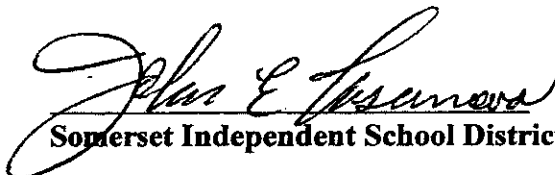
**Somerset Independent School District**



**Somerset Independent School District**

President, Somerset Independent  
School District Board of Trustees

Title



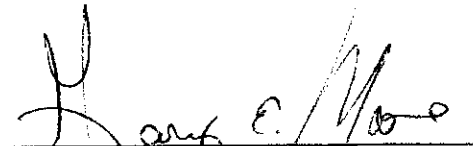
**Somerset Independent School District**

Superintendent

Title

By:

**Altex Electronics, Ltd.**



**Altex Electronics, Ltd.**

Networking Manager

Title



# USAC

Schools and Libraries Division  
Correspondence Unit  
100 South Jefferson Road  
P.O. Box 902  
Whippany, New Jersey 07981

## TIME SENSITIVE MATERIAL

01227  
SOMERSET INDEP SCHOOL DISTRICT  
GLORIA WYNKOOP  
PO BOX 279  
SOMERSET, TX 78069

|||||